

DO NOT SEND THIS WORK SHEET TO THE INDIANA STATE DEPARTMENT OF HEALTH

ENTER IN BOX THE NUMBER OF STUDENTS BY GRADE IN YOUR SCHOOL:

NUMBER OF STUDENTS FROM BOX "A" ABOVE HAVING COMPLETED IMMUNIZATIONS:

EXEMPTIONS:

[illegible]

9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											

If there is a number (other than 0) in Box E, then Boxes F thru N must be completed.

Please copy the number totals in each category by grade onto the accompanying SCHOOL SUMMARY REPORT

Please keep this work sheet for your records and to keep track of students not in compliance.